

FORM NO. 2

## (1) PLACE OF BIRTH

County of *Williamsburg*Township of *Penn*or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *4308*Registered No. *39*

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child *Lifio Huggins*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? (5) Number in order of birth *3* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb. 7th*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Abraham Huggins*(9) PRESENT POSTOFFICE OF FATHER *Bryan, S. C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Clarendon Co. S. C.*(13) OCCUPATION *Farm laborer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Queen Bernice*(15) PRESENT POSTOFFICE OF MOTHER *Bryan, S. C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Williamsburg Co. S. C.*(19) OCCUPATION *Farm laborer*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Martha Mc C. Blount*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *midwife Bryan, S. C.*

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *May 15th* 1915 (28) *Albert R. Moseley* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCay, of Columbia.